



# Income Continuation Insurance (ICI) Employer Statement

Wis. Stat. § 40.61 and 40.62

Wisconsin Department  
of Employee Trust Funds  
PO Box 7931  
Madison WI 53707-7931  
1-877-533-5020 (toll free)  
Fax 608-267-4549  
etf.wi.gov

## Employee Information

Name			
ETF ID	SSN XXX-XX-	Employer Identification Number (EIN)	
Occupation (title)		<input type="checkbox"/> Seasonal/Academic year <input type="checkbox"/> Permanent <input type="checkbox"/> Project <input type="checkbox"/> LTE <input type="checkbox"/> Per diem	
Last day worked (MM/DD/YYYY)	Last day paid (MM/DD/YYYY) See page 2	Premiums are paid through (MM/DD/YYYY)	
<b>Average monthly earnings calculation</b> Check the appropriate box to the right. See the <i>Employer Instructions</i> on page 2 to determine which method to use.		<input type="checkbox"/> Previous calendar year earnings <input type="checkbox"/> Projected base earnings (use if employee's previous calendar year earnings do not reflect current year earnings due to one of the following): <input type="checkbox"/> New hire (employee did not have a full year of earnings in the prior calendar year) <input type="checkbox"/> Change in appointment percentage <input type="checkbox"/> Change in hourly rate (higher than previous calendar year earnings) <input type="checkbox"/> Earnings used for prior period of disability/authorized unpaid leave (if higher than previous calendar year earnings)	
Average monthly earnings \$	<input type="checkbox"/> Full time <input type="checkbox"/> Part time _____%		

<b>Premium category/Elimination period</b>			
Year:	Year:	Year:	Current year:
Premium category:	Premium category:	Premium category:	Premium category:
Elimination period:	Elimination period:	Elimination period:	Elimination period:

<b>Worker's Compensation (WC)</b>			
Claim filed?	Effective date:	Is the employee still receiving WC benefits?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Weekly compensation amount	<input type="checkbox"/> Yes	
<input type="checkbox"/> Denied <input type="checkbox"/> Pending	\$	<input type="checkbox"/> No: Paid through:	

## Sick Leave Information — State employers only complete this section

Total sick leave shown to hundredths of an hour (2 decimal places)			Date sick leave is exhausted:
Accumulated hours:	Earned hours:	Total hours:	(MM/DD/YYYY):
Claimant has elected to:		Division:	
<input type="checkbox"/> Use a maximum of 130 days of sick leave		Central payroll code number:	
<input type="checkbox"/> Bank all sick leave after (MM/DD/YYYY):			

## Employer Contributions — Local employers only complete this section

Indicate which elimination period (EP) the employer paid 100% of the premium for in the last 4 calendar years.

Year:	Year:	Year:	Current year:
EP:	EP:	EP:	EP:

## Employer Comments

## Employer Information (All employers complete this section)

Employer email address	Employer telephone
I understand Wis. Stat. § 943.395 provides penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.	
Authorized employer signature	Date (MM/DD/YYYY)

TPA use only: Date sent to employer: Sent by: Telephone:

## Employer Instructions

The employee named on the page 1 is applying for an ICI benefit. Please return the completed form to the Department of Employee Trust Funds promptly. *No ICI benefits are payable to your employee until the completed form (and required medical) is received and processed.* The completed form can be emailed to [ETFWEB@etf.wi.gov](mailto:ETFWEB@etf.wi.gov). If you are unable to email it, please fax or send it by mail to ETF.

After completion, please make a copy of this form for your records for future reference. Continue to collect premiums for eligible employees until you receive written notice of approval of the claim. Note that no premiums can be accepted after employment is terminated. When completing the form, also note:

**Last day paid** is the most recent date for which the employee was paid earnings, including any days for which the employee used paid leave time (e.g. vacation, sick leave, holiday or compensatory time) after their last day worked. **This date is not the date of the employee's last check.**

*Note:* Any leave time used after the date the ICI benefit is first payable should be reported to ETF on the ET-5901 *Income Continuation Insurance Report of Employment & Earnings*.

**Average monthly earnings** is used to determine benefits as of the date of the disability and uses either:

- Previous calendar year earnings: round to the next higher thousand and divide by 12, **or**
- Projected earnings: If the employee is a new hire or had a permanent change in appointment percentage that is not accurately reflected in the previous year's earnings, estimate the projected base earnings (including add-ons for certain educational degrees, certifications, licenses or credentials) to be received during the ensuing 12 months. Round to the next higher thousand and divide by 12.

**Exception:** If your employee falls under one of the 2 scenarios below, please calculate average monthly earnings *as of the date of disability* as indicated:

- A. If the employee has received a permanent change in the hourly rate (and is not a new hire or did not have a change in appointment percentage), use the higher of the options below, round to the next higher thousand and divide by 12:
  - previous calendar year earnings, *or*
  - projected base earnings.
- B. If the employee returns after a period of disability/authorized unpaid leave, then goes out on a new disability, use the higher of the options below, round to the next higher thousand and divide by 12:
  - previous calendar year earnings, *or*
  - the same earnings as the prior disability/authorized unpaid leave.

## Premium Category or Elimination Period

**State Employers:** Indicate the premium category (or *elimination period* if the employee is a UW Faculty or Academic Staff member) that this employee was in during the last 4 calendar years.

**Local Employers:** Indicate the elimination period the employee elected in each of the last 4 calendar years.

## Sick Leave Information — State Employers Only

Report the accumulated sick leave hours as of the employee's last day worked, plus any additional sick leave earned while continuing in pay status. Report sick leave in hours and hundredths of hours (2 decimal places), **not minutes**.

- For most **state** employees who work a standard Monday–Friday work week, sick leave is not utilized on paid legal holidays, so this extends the date sick leave is exhausted. For employees with non-standard work weeks, please attach a copy of their work schedule.
- An ICI claimant who has applied for a Wisconsin Retirement System disability retirement benefit or duty disability benefit may convert (bank) sick leave to pay for health insurance premiums and begin ICI benefits at an earlier date.
  - Determine, with the employee, the date through which sick leave is to be used. If the permanent disability is not approved, the date through which sick leave was used will need to be adjusted.
  - Attach written documentation to the form, which verifies the employee's decision to bank sick leave after a specified date.